

**IN THE UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION**

In re:	§	Chapter 7
	§	
MFF DCK, LLC	§	
	§	Case No. 17-40850
Debtor.	§	
	§	
	§	

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**DEBTOR'S SUBMISSION OF SCHEDULES OF ASSETS AND LIABILITIES  
AND STATEMENT OF FINANCIAL AFFAIRS**

MFF DCK, LLC, debtor herein, hereby submits its Schedules of Assets and  
Liabilities and Statement of Financial Affairs.

Dated: March 17, 2017

Respectfully submitted,

/ Michael D. Warner

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*Attorneys for Debtor*

Fill in this information to identify the case:

Debtor name MFF DCK, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known) 17-40850-rfn7

☐ Check if this is an amended filing

**Official Form 206Sum**  
**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i> .....	\$ 0.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i> .....	\$ 100,000.00
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i> .....	\$ 100,000.00

**Part 2: Summary of Liabilities**

2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ 3,000.00
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ 0.00
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ 1,941,296.00
4. <b>Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ 1,944,296.00

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United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**

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Official Form 206A/B

**Schedule A/B: Assets - Real and Personal Property**

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Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

1. Does the debtor have any cash or cash equivalents? See Attachment 1

- ☐ No. Go to Part 2.  
☐ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. **Checking, savings, money market, or financial brokerage accounts (Identify all)**  
Name of institution (bank or brokerage firm) Type of account

Last 4 digits of account number

3.1. \_\_\_\_\_

4. **Other cash equivalents (Identify all)** See Attachment 1

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

Unknown

**Part 2: Deposits and Prepayments**

6. Does the debtor have any deposits or prepayments? See Attachment 1

- ☐ No. Go to Part 3.  
☐ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**  
Description, including name of holder of deposit

7.1. **See Attachment 1** Unknown

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**  
Description, including name of holder of prepayment **See Attachment 1**

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

Unknown

**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable? See Attachment 1

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Case number (If known) **17-40850-rfn7**

- ☐ No. Go to Part 4. See Attachment 1  
☐ Yes Fill in the information below.

**Part 4: Investments**

13. Does the debtor own any investments?

- ☐ No. Go to Part 5. See Attachment 1  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6. See Attachment 1  
☐ Yes Fill in the information below.

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles? See Attachment 1

- ☐ No. Go to Part 8.  
☒ Yes Fill in the information below. See Attachment 1

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☒ No. Go to Part 9. N/A  
☐ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles		None	
48.	Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels		None	
49.	Aircraft and accessories		None	
50.	Other machinery, fixtures, and equipment (excluding farm machinery and equipment) Estimated value; valuation currently in progress			\$100,000.00

51. Total of Part 8.  
Add lines 47 through 50. Copy the total to line 87.

**\$100,000.00**

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☒ No  
☐ Yes

Debtor **MFF DCK, LLC**  
Name

Case number (If known) **17-40850-rfn7**

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 9: Real property**

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.  
☒ Yes Fill in the information below. See Attachment 1 and Attachment 2 (landlords/counterparties to store leases)

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1.				
None		\$0.00		\$0.00

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

**\$0.00**

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No  
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property? See Attachment 1

- ☐ No. Go to Part 11.  
☐ Yes Fill in the information below.

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form? See Attachment 1

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.  
☐ Yes Fill in the information below.

Debtor **MFF DCK, LLC**  
Name

Case number (If known) **17-40850-rfn7**

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$0.00</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$100,000.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$0.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<u>+</u> <u>\$0.00</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$100,000.00</u>	+ 91b. <u>\$0.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$100,000.00</u>

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Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A	Column B
Amount of claim	Value of collateral that supports this claim
Do not deduct the value of collateral.	
<b>Unknown</b>	<b>Unknown</b>

**2.1 American Farm Bureau Federation**

Creditor's Name

**600 Maryland Ave. SW  
Suite 1000W  
Washington, DC 20024**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

- ☒ No
- ☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Describe the lien

Is the creditor an insider or related party?

- ☒ No
- ☐ Yes

Is anyone else liable on this claim?

- ☒ No
- ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**2.2 Ryder Transportation Services**

Creditor's Name

**P.O. Box 96723  
Chicago, IL 60693-6723**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien

**\$3,000.00**

**Unknown**

Describe the lien

Is the creditor an insider or related party?

- ☒ No
- ☐ Yes

Is anyone else liable on this claim?

- ☒ No
- ☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Debtor **MFF DCK, LLC**

Name

Case number (if know)

**17-40850-rfn7**

☒ No

☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$3,000.00**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did  
you enter the related creditor?

Last 4 digits of  
account number for  
this entity



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Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.

☐ Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1	Nonpriority creditor's name and mailing address Admiral Linen 2030 Kipling Houston, TX 77098 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,001.00</u>
3.2	Nonpriority creditor's name and mailing address Airgas USA, LLC. P.O. Box 602792 Charlotte, NC 28260-2792 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$142.00</u>
3.3	Nonpriority creditor's name and mailing address Amerisource P.O. Box 4738 c/o BaronHR, LLC. Houston, TX 77210-4738 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Temporary labor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$109,578.00</u>
3.4	Nonpriority creditor's name and mailing address Aramark - Four Oaks Place 1330 Post Oak Place Houston, TX 77056 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

Debtor **MFF DCK, LLC**  
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Case number (if known) **17-40850-rfn7**

3.5	Nonpriority creditor's name and mailing address <b>Aramark - Lennox International</b> <b>2140 Lake Park Blvd</b> <b>Richardson, TX 75080</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <b>\$0.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	Nonpriority creditor's name and mailing address <b>Atmos</b> <b>PO BOX 790311</b> <b>Saint Louis, MO 63179-0311</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <b>\$0.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7	Nonpriority creditor's name and mailing address <b>Berlin Packaging LLC</b> <b>P.O. Box 95584</b> <b>Chicago, IL 60694-5584</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <b>\$109,504.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Packaging</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.8	Nonpriority creditor's name and mailing address <b>Caddell Electric</b> <b>3730 Dilido Rd. Ste #210</b> <b>Dallas, TX 75228</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <b>\$2,078.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.9	Nonpriority creditor's name and mailing address <b>Chandler's Air Conditioning &amp; Refrigerat</b> <b>1702 W. Fifth St</b> <b>Santa Ana, CA 92703</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <b>\$7,791.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Repairs and maintenance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.10	Nonpriority creditor's name and mailing address <b>Connell Chevrolet</b> <b>2828 Harbor Blvd.</b> <b>Costa Mesa, CA 92626</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <b>\$1,846.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.11	Nonpriority creditor's name and mailing address <b>Cozzini Brothers</b> <b>350 Howard Ave.</b> <b>Des Plaines, IL 60018-8000</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <b>\$2,822.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **MFF DCK, LLC**  
Name

Case number (if known) **17-40850-rfn7**

3.12	Nonpriority creditor's name and mailing address <b>D Commercial Refrigeration</b> <b>PO Box 7124</b> <b>Fort Worth, TX 76111</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,235.00</b>
3.13	Nonpriority creditor's name and mailing address <b>Dal-Worth Industries, Inc.</b> <b>P.O. Box 5504</b> <b>Arlington, TX 76005</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$747.00</b>
3.14	Nonpriority creditor's name and mailing address <b>DataSpan Holdings, Inc.</b> <b>P.O. Box 845507</b> <b>Dallas, TX 75284</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$272.00</b>
3.15	Nonpriority creditor's name and mailing address <b>Deen Wholesale Meat Co.</b> <b>813 E. Northside Dr.</b> <b>Fort Worth, TX 76102</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$118,097.00</b>
3.16	Nonpriority creditor's name and mailing address <b>ECOLAB Institutional</b> <b>P.O. Box 70343</b> <b>Chicago, IL 60673-0343</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Cleaning supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,601.00</b>
3.17	Nonpriority creditor's name and mailing address <b>EcoSure</b> <b>26397 Network Place</b> <b>Chicago, IL 60673-1263</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,000.00</b>
3.18	Nonpriority creditor's name and mailing address <b>Element Financial Corp.</b> <b>P.O. Box 100363</b> <b>Atlanta, GA 30384-0363</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Gas cards for drivers</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,591.00</b>

Debtor **MFF DCK, LLC**

Name

Case number (if known)

**17-40850-rfn7**

3.19	<b>Nonpriority creditor's name and mailing address</b> <b>EPIC Provision, LLC.</b> <b>1902 S. Congress Ave. Ste. #D</b> <b>Austin, TX 78704</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim: <u>Goods sold</u></b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,828.00</b>
<hr/>			
3.20	<b>Nonpriority creditor's name and mailing address</b> <b>Family Tree Produce</b> <b>5510 East La Palma Ave.</b> <b>Anaheim, CA 92807-2108</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim: <u>Produce</u></b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$64,361.00</b>
<hr/>			
3.21	<b>Nonpriority creditor's name and mailing address</b> <b>Fiesta Tortillas</b> <b>P.O. Box 17563</b> <b>Austin, TX 78760</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim: <u>Goods sold</u></b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,381.00</b>
<hr/>			
3.22	<b>Nonpriority creditor's name and mailing address</b> <b>Food Safety Net Services</b> <b>P.O. Box 678642</b> <b>Dallas, TX 75267</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim: ____</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,129.00</b>
<hr/>			
3.23	<b>Nonpriority creditor's name and mailing address</b> <b>Fullenweider Wilhite PC</b> <b>4265 San Felipe Street</b> <b>Houston, TX 77027</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim: ____</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
<hr/>			
3.24	<b>Nonpriority creditor's name and mailing address</b> <b>G&amp;K - Dallas</b> <b>PO Box 842385</b> <b>Boston, MA 02284-2385</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim: <u>Linens/Supplies</u></b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$81,074.00</b>
<hr/>			
3.25	<b>Nonpriority creditor's name and mailing address</b> <b>G&amp;K - Los Angeles</b> <b>PO Box 842385</b> <b>Boston, MA 02284-2385</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim: <u>Supplies/Linens</u></b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,984.00</b>

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3.26	Nonpriority creditor's name and mailing address <b>Garden Fresh Restaurant Corp dba Souplan</b> <b>15822 Bernardo Center Dr. Ste. #A</b> <b>San Diego, CA 92127</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <b>\$0.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.27	Nonpriority creditor's name and mailing address <b>Grainger</b> <b>DEPT: 881335079</b> <b>PO BOX 419267</b> <b>Kansas City, MO 64141-6267</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <b>\$4,684.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.28	Nonpriority creditor's name and mailing address <b>Grapevine Ford</b> <b>801 E. Hwy 114</b> <b>Grapevine, TX 76051</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <b>\$757.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.29	Nonpriority creditor's name and mailing address <b>Hardie's Fruit &amp; Vegetable Co - Dallas</b> <b>PO Box 671554</b> <b>Dallas, TX 75267-1554</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <b>Unknown</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.30	Nonpriority creditor's name and mailing address <b>Hardie's Fruit &amp; Vegetable Co.</b> <b>c/o McCarron &amp; Diess</b> <b>Attn: Kate Ellis</b> <b>4530 Wisconsin Avenue NW, Suite 301</b> <b>Washington, DC 20016</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <b>Unknown</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Good sold (\$232,808.77) - total claim is aggregated between MFF DCK USA, LLC, and affiliated debtors, My Fit Foods USA, LLC, My Fit Foods, LLC, My Fit Foods California, LLC, and Fit Dog, LLC</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.31	Nonpriority creditor's name and mailing address <b>Hardie's Fruit &amp; Vegetable Co., LP</b> <b>c/o Sherman &amp; Yaquinto</b> <b>509 N. Montclair Ave.</b> <b>Dallas, TX 75208</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <b>\$0.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Notice only</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.32	Nonpriority creditor's name and mailing address <b>Hygiena, LLC.</b> <b>941 Avenida Acaso</b> <b>Camarillo, CA 93012</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <b>\$3,327.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.33	Nonpriority creditor's name and mailing address <b>Imperial, LLC</b> <b>2020 North Mingo</b> <b>Tulsa, OK 74116</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.34	Nonpriority creditor's name and mailing address <b>Infinite Packaging Group</b> <b>P.O. Box 472</b> <b>Catoosa, OK 74015</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Packaging</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$38,474.00</b>
3.35	Nonpriority creditor's name and mailing address <b>Interactions</b> <b>9555 Chesapeake Dr. Ste #100</b> <b>Los Angeles, CA 90189-4511</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,467.00</b>
3.36	Nonpriority creditor's name and mailing address <b>Kitchen Equipment Solutions</b> <b>1915 Westridge Dr.</b> <b>Irving, TX 75038</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Repair services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,660.00</b>
3.37	Nonpriority creditor's name and mailing address <b>Las Colinas Co.</b> <b>600 S. Jefferson St. #M</b> <b>Placentia, CA 92870</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$125.00</b>
3.38	Nonpriority creditor's name and mailing address <b>Lawton Commercial Services, L.P.</b> <b>1444 N. Central Expressway</b> <b>McKinney, TX 75070</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$193.00</b>
3.39	Nonpriority creditor's name and mailing address <b>Liquid Environmental Solutions</b> <b>P.O. Box 203371</b> <b>Dallas, TX 75320-3371</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$815.00</b>

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3.40	Nonpriority creditor's name and mailing address <b>Logic-Track Systems</b> <b>2435 N. Central Expy. Ste. #1200</b> <b>Richardson, TX 75080</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,135.00</b>
3.41	Nonpriority creditor's name and mailing address <b>Louisiana Foods</b> <b>10310 Greens Crossing Blvd.</b> <b>Houston, TX 77038</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Raw materials</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$46,587.00</b>
3.42	Nonpriority creditor's name and mailing address <b>Luxor Staffing</b> <b>1430 Valwood Pkwy. Ste #120</b> <b>Carrollton, TX 75006</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Labor staffing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$157,273.00</b>
3.43	Nonpriority creditor's name and mailing address <b>LVC, Inc.</b> <b>1647 W. Dion Dr.</b> <b>Phoenix, AZ 85086</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Packaging</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$151,219.00</b>
3.44	Nonpriority creditor's name and mailing address <b>Midwest Foods</b> <b>3100 W. 36th St.</b> <b>Chicago, IL 60632</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Produce</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,275.00</b>
3.45	Nonpriority creditor's name and mailing address <b>Mile High Food Science, LLC.</b> <b>1191 Nuclea Street</b> <b>Aurora, CO 80011</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,779.00</b>
3.46	Nonpriority creditor's name and mailing address <b>My Fit Foods Payroll, LLC</b> <b>PO Box 61027</b> <b>Potomac, MD 20859</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Intercompany payable</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

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3.47	Nonpriority creditor's name and mailing address <b>My Fit Foods USA, LLC</b> <b>PO Box 61027</b> <b>Potomac, MD 20859</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>Intercompany payable</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.48	Nonpriority creditor's name and mailing address <b>My Fit Foods, LLC</b> <b>PO Box 61027</b> <b>Potomac, MD 20859</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>Intercompany payable</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.49	Nonpriority creditor's name and mailing address <b>National L.S. Inc.</b> <b>P.O. Box 840352</b> <b>Houston, TX 77284</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>HEB Lumper</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,195.00</b>
3.50	Nonpriority creditor's name and mailing address <b>Nicol Scales, L.P.</b> <b>P.O. Box 222288</b> <b>Dallas, TX 75222-2288</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,264.00</b>
3.51	Nonpriority creditor's name and mailing address <b>Nitel, Inc.</b> <b>Lockbox Dept 4929</b> <b>Carol Stream, IL 60122-4629</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$578.00</b>
3.52	Nonpriority creditor's name and mailing address <b>Occumed Plus - Grand Prairie</b> <b>P.O. Box 462052</b> <b>Garland, TX 75046</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$345.00</b>
3.53	Nonpriority creditor's name and mailing address <b>Office Depot</b> <b>P.O. Box 630813</b> <b>Cincinnati, OH 45263-0813</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$143.00</b>



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3.54	Nonpriority creditor's name and mailing address <b>PCM Business Direct</b> <b>File #55327</b> <b>Los Angeles, CA 90074</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$354.00</b>
3.55	Nonpriority creditor's name and mailing address <b>PV Roadrunner, LLC.</b> <b>12425 N. Cave Creek Rd.</b> <b>Phoenix, AZ 85022</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Packaging</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,124.00</b>
3.56	Nonpriority creditor's name and mailing address <b>Ready Refresh</b> <b>P.O. Box 856158</b> <b>Louisville, KY 40285</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$85.00</b>
3.57	Nonpriority creditor's name and mailing address <b>Reliable Refrigeration Services, Inc.</b> <b>913 E. Juanita Ave. Ste. #1</b> <b>Mesa, AZ 85204</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,664.00</b>
3.58	Nonpriority creditor's name and mailing address <b>Resource Employment Solutions</b> <b>5900 Lake Ellenor Dr. Ste. #100</b> <b>Orlando, FL 32809</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Temporary labor [lawsuit? does this need to go on SOFA #22?] Please provide additional info.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$95,671.00</b>
3.59	Nonpriority creditor's name and mailing address <b>Ricoh USA, Inc.</b> <b>P.O. Box 660342</b> <b>Dallas, TX 75266-0342</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.60	Nonpriority creditor's name and mailing address <b>S3 Sanitation Cleaning, LLC.</b> <b>12700 Hillcrest Rd. Ste#230</b> <b>Dallas, TX 75230</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Cleaning services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$29,314.00</b>

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3.61	Nonpriority creditor's name and mailing address <b>Santa Monica Seafood Company</b> <b>18531 S. Broadwick St.</b> <b>Compton, CA 90220</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Seafood sold</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$34,571.00</b>
3.62	Nonpriority creditor's name and mailing address <b>SCG River Park Business Center, L.P.</b> <b>P.O. Box 847551</b> <b>Dallas, TX 75284-7551</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Rent</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,757.00</b>
3.63	Nonpriority creditor's name and mailing address <b>SCL Cold Chain</b> <b>P.O. Box 2630</b> <b>Grapevine, TX 76099</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Delivery services</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$29,908.00</b>
3.64	Nonpriority creditor's name and mailing address <b>SLM Waste &amp; Recycling Services, Inc.</b> <b>5000 Commerce Dr</b> <b>Green Lane, PA 18054</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Dumpsters</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,633.00</b>
3.65	Nonpriority creditor's name and mailing address <b>Speedpro Imaging</b> <b>2553 E. Loop 820 N</b> <b>Fort Worth, TX 76118</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$724.00</b>
3.66	Nonpriority creditor's name and mailing address <b>Staples Advantage</b> <b>Dept. DAL</b> <b>P.O. Box 83689</b> <b>Chicago, IL 60696</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Office supplies</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,727.00</b>
3.67	Nonpriority creditor's name and mailing address <b>Stern Produce Co., Inc.</b> <b>3200 S. 7th St.</b> <b>Phoenix, AZ 85040</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Produce</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,608.00</b>

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3.68	Nonpriority creditor's name and mailing address <b>SunRich Foods International Corp.</b> <b>1240 N. Barsten Way</b> <b>Anaheim, CA 92806</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Goods sold</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$99,741.00</b>
3.69	Nonpriority creditor's name and mailing address <b>SYSCO - Arizona (049)</b> <b>1390 Enclave Pkwy</b> <b>Sysco Corporation ATTN: Doug Walker</b> <b>Houston, TX 77077</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,480.00</b>
3.70	Nonpriority creditor's name and mailing address <b>Sysco - Chicago (024)</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,671.00</b>
3.71	Nonpriority creditor's name and mailing address <b>SYSCO - Dallas (006)</b> <b>1390 Enclave Pkwy</b> <b>Sysco Corporation ATTN: Doug Walker</b> <b>Houston, TX 77077</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Raw materials</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20,401.00</b>
3.72	Nonpriority creditor's name and mailing address <b>SYSCO - Los Angeles (045)</b> <b>1390 Enclave Pkwy</b> <b>Sysco Corporation ATTN: Doug Walker</b> <b>Houston, TX 77077</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$81.00</b>
3.73	Nonpriority creditor's name and mailing address <b>Terra Spice Company</b> <b>PO Box 3556</b> <b>South Bend, IN 46619</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,261.00</b>
3.74	Nonpriority creditor's name and mailing address <b>The Boelter Companies, Inc.</b> <b>N22 W23685 Ridgeview Pkwy W</b> <b>Waukesha, WI 53188-1013</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Packaging and supplies</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$456,251.00</b>

Debtor **MFF DCK, LLC**  
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Case number (if known) **17-40850-rfn7**

3.75	Nonpriority creditor's name and mailing address <b>Toyota Industries Commercial Finance, In Dept 2431 Carol Stream, IL 60132-2431</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$514.00</b>
3.76	Nonpriority creditor's name and mailing address <b>ULINE PO Box 88741 Chicago, IL 60680-1741</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Office/kitchen supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,958.00</b>
3.77	Nonpriority creditor's name and mailing address <b>UNFI P.O. Box 742930 Los Angeles, CA 90074-2930</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Raw materials</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$84,887.00</b>
3.78	Nonpriority creditor's name and mailing address <b>UNFI - Chicago P.O. Box 706 Keene, NH 03431</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,504.00</b>
3.79	Nonpriority creditor's name and mailing address <b>United Service Technologies Inc. 21801 Cactus Ave. Ste. A Riverside, CA 92508</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,789.00</b>
3.80	Nonpriority creditor's name and mailing address <b>USDA - Food Safety &amp; Inspection Svc US Bank - FSIS Lockbox P.O. Box 979001 Saint Louis, MO 63197-9001</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.81	Nonpriority creditor's name and mailing address <b>Victory Packaging P.O. Box 844138 Dallas, TX 75284-4138</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Packaging</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$25,828.00</b>

Debtor **MFF DCK, LLC**  
Name

Case number (if known) **17-40850-rfn7**

<p>3.82 Nonpriority creditor's name and mailing address  <b>VideoJet Technologies, Inc.</b>  <b>12113 Collection Center Dr</b>  <b>Chicago, IL 60693</b>          Date(s) debt was incurred ____          Last 4 digits of account number ____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$4,099.00</b>  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed          Basis for the claim: <b>Machinery</b>          Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
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<p>3.83 Nonpriority creditor's name and mailing address  <b>Weather Masters, Inc.</b>  <b>155 East Broadway</b>  <b>Mesa, AZ 85210</b>          Date(s) debt was incurred ____          Last 4 digits of account number ____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$70.00</b>  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed          Basis for the claim: ____          Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
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<p>3.84 Nonpriority creditor's name and mailing address  <b>Wells Fargo Vendor</b>  <b>P.O. Box 650016</b>  <b>Dallas, TX 75265-0016</b>          Date(s) debt was incurred ____          Last 4 digits of account number ____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> <b>\$264.00</b>  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed          Basis for the claim: ____          Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
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**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
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**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1  
 5b. Total claims from Part 2

5c. Total of Parts 1 and 2  
 Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 0.00
5b. +	\$ 1,941,296.00
5c.	\$ 1,941,296.00

Fill in this information to identify the case:

Debtor name MFF DCK, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known) 17-40850-rfn7

☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). **See below.**

*Property*

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1 State what the contract or lease is for and the nature of the debtor's interest See Attachment 1

See Attachment 1 and Attachment 2 (landlords/counterparties to the various store leases)

State the term remaining

List the contract number of any government contract \_\_\_\_\_

2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract \_\_\_\_\_

Fill in this information to identify the case:

Debtor name MFF DCK, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known) 17-40850-rfn7

☐ Check if this is an amended filing

Official Form 206H  
Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name	Mailing Address	Name	Check all schedules that apply:
2.1 Fit Dog, LLC	PO Box 61027 Potomac, MD 20859	Hardie's Fruit & Vegetable Co.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.30</u> <input type="checkbox"/> G _____
2.2 My Fit Foods California, LLC	PO Box 61027 Potomac, MD 20859	Hardie's Fruit & Vegetable Co.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.30</u> <input type="checkbox"/> G _____
2.3 My Fit Foods USA, LLC	PO Box 61027 Potomac, MD 20859	Hardie's Fruit & Vegetable Co.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.30</u> <input type="checkbox"/> G _____
2.4 My Fit Foods, LLC	PO Box 61027 Potomac, MD 20859	Hardie's Fruit & Vegetable Co.	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.30</u> <input type="checkbox"/> G _____
2.5 Various Debtor Affiliates	See Attachment 1	Various Landlords/ Counterparties See Attachment 2	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F _____ <input checked="" type="checkbox"/> G _____



Fill in this information to identify the case:

Debtor name MFF DCK, LLC

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known) 17-40850-rfn7

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

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An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime.** Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on March 17, 2017

x

Daryl Ribeiro  
Signature of individual signing on behalf of debtor

Daryl Ribeiro  
Printed name

Chief Financial Officer  
Position or relationship to debtor